REQUEST FOR ACCESS TO COURT FILES OR RECORDS

| What documents would you like? Copy fees are \$.50 per page | | |
|--|-----------------------------------|---------------|
| DO YOU NEED CERTIFIED COPIES? YES / NO (circle one) Certified Documents, \$5 for first page and \$1.00 each page after. | | |
| Commonly requested documents are listed below. | | |
| □ Complaint/Citation/Information □ Judgment/Sentence Form □ No Contact Order □ Plea Agreement | | |
| ☐ Stipulated Order for Continuance ☐ AH or DV Petition/Order ☐ Electronic Docket | | |
| Other (specify) | | |
| DO NOT USE THE WORDS ALL or ANY to describe the records requested. If you request all or any documents you will be mailed a letter requesting you to identify the specific documents requested. | | |
| After fees have been paid, copies may be picked up at the court during regular business hours from 9:00 am to 4:00 pm. | | |
| RECORD/DOCUMENT INFORMATION *Must have one of the following combinations: 1) Name and date of birth of a party, (the defendant in a criminal matter); 2) Name and Washington driver's license number of a party (the defendant in a criminal matter); 3) Case number. Other helpful information is the type of charge and date of violation. | | |
| Name: | | |
| Date of birth: | | |
| Defendant's Driver's License Number / State: | | |
| Case Number(s) (or) Type of Charge (or) Date of Violation: | | |
| REQUESTOR'S INFORMATION | | |
| Name:Telephone #: | Agency (if applicable): Fax #: | |
| Mailing Address: | | <u>Apt#:</u> |
| City: | State: | ZIP: |
| E-mail Address: | | |
| If documents are not claimed within 30 days, reapplication and prepayment Will be required including previous fee(s). | | |
| Signature of requestor: | Da | nte: |
| Internal Use Only: Date Requestor Advised: | Ar | nount Due: \$ |